

K. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10255

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis City Hospital #2 St. Ward)

2. FULL NAME

(a) Residence. No. 2212 Hawthorn St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male Negro Single

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-14-1916

7. AGE YEARS MONTHS DAYS If LESS than days, or mos.
11 0 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

10. NAME OF FATHER Harry Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Lelia Raiford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

14. INFORMANT Lymna F. Woodard
(Address) City Hospital #2

15. FILED 23 1927 Male Starkoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1927

17. I HEREBY CERTIFY That I attended deceased from March 9, 1927, to March 21, 1927, that I last saw him alive on March 21, 1927, and that death occurred, on the date stated above, at 2:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary Tuberculosis
26
39 P. S. (duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) Otitis Disease
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Thomas, M. D.

3/22, 1927 (Address) City Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Washington Park 3-24-1927

20. UNDERTAKER ADDRESS

Catts 440 Finney

